## Food and Drug Administration Center for Food Safety and Applied Nutrition Office of Special Nutritionals

ARMS#

13380



8 - OTHER

			- RECORD OF DEATH		
NAME:		SEX:	M B	BIRTH DATE:	
ADDRESS:				PHONE:	
PLACE OF DEATH:					
DATE:	2/27/99	TIME:	6	:30:00 AM	
REPORTED BY:	DR.	PHON	E:		
RELATIONSHIP:	ATTENDING MD		<del></del>		
DATE REPORTED:	2/27/99	TIME		3:38:00 AM	
Recent Trauma: N	Aspiration: N	Drug Abuse: N	latrogenic	Complications: N	
At SCENE:		PHON	IE:		
RELATIONSHIP:					
DOCTOR:	DR.	PHON	IE:		
ADDRESS:		_			
CAUSE OF DEATH: OTHER CONDITIONS: INTRACRANIAL HTN SUBARACHNOID HEMORRHAGE CEREBRAL ANEURYSM					
LAST DATE OF AT	TENDANCE:	2/27/99			
SOURCE OF INFORMATION: ATTENDING MD					
THE SUBJ, AN 18 Y/O MALE W/ NO SIGNIFICANT MEDICAL HX, EXPIRED AT THE ACC TO DR ATTENDING MD, IN THE EVENING OF 2/26/99, THE SUBJ REPORTEDLY SUFFERED SEIZURE-LIKE ACTIVITY AND COLLAPSED ON HIS WAY TO THE GYM. HE WAS BIBA TO WHERE CT SCANS REVEALED A MASSIVE SUBARACHNOID HEMORRHAGE. ICP MONITOR WAS PLACED AND DRAINAGE WAS PERFORMED. URINE TOX SCREEN UPON ADMISSION TO WAS NEGATIVE. ON 2/27/99 AT 0400 HRS, THE SUBJ WAS TRANSFERRED EMERGENTLY TO WHERE ICP MONITOR WAS > 100. DESPITE PLACEMENT OF A VENTRICULAR DRAIN, THE SUBJ WAS DECLARED CLINICALLY BRAIN DEAD, AND WAS PRONOUNCED AT 0830 HRS, SAME DATE. DR. STATED THAT THERE WAS NO SUSPICION OF ANY DRUG ABUSE OR TRAUMA CONTRIBUTING TO THE SUBJ'S DEMISE. DR. WILL SIGN THE D/C AS STATED ABOVE. A CONSENT TO POST IS PENDING CONSULTATION W/ FAMILY.					
INVESTIGATO	R:	REVIEWED	REVIEWED BY:		

## TOXICOLOGY DIVISION

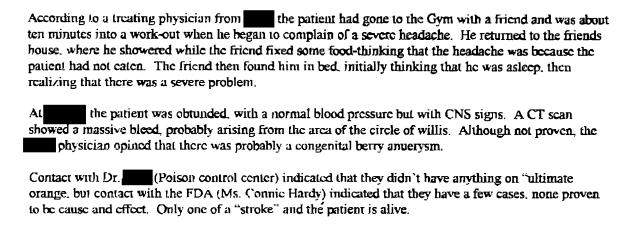
Case No. Name: Date Completed 03-02 -99 Date Received: VTTREOUS ( ) CSF ( ) BILE ( ) SPECIMENS RECEIVED: BLOOD ( ) URINE ( ) ) LIVER ( ) AM SAMPLES ( X ) KIDNEY ( ) STOMACH ( **AMU VITREOUS** LIVER AM BLD BLOOD URINE BILE **TESTS PERFORMED** UG/ML UG/ML UG/G **COMPOUNDS** UG/ML UG/MI. **ETHANOL VOLATILES AMOBARBITAL PENTOBARBITAL SECOBARBITAL PHENOBARBITAL CHLORDIAZEPOXIDE** DIAZEPAM **NORDIAZEPAM AMPHETAMINE METHAMPHETAMINE DIPHENHYDRAMINE MEPERIDINE** PHENCYCLIDINE LIDOCAINE COCAINE BENZOYLECGONINE **FLUOXETINE CLOMIPRAMINE** DOXEPIN **PROPOXYPHENE** NORPROPOXYPHENE **AMITRIPTYLINE** NORTRIPTYLINE **IMIPRAMINE DESIPRAMINE METHADONE** METHADONE METABOLITE ZOLOFT MORPHINE CODEINE **HYDROCODONE** DIPHENYLHYDANTOIN

CARBOXYHEMOGLOBIN N.D.\* 3.03 N,D,\* 2.95

NOREPHEDRINE OTHER

**EVIDENCE:** 

**EPHEDRINE** 



Additional information regarding

I talked to the treating physician at a second of the second of the laboratory. Those specimens were tested for ephedrine. There was no detectable drug level in the blood. The urine contained ephedrine at the level of 3.03 micrograms/mL, and 2.95 micrograms/mL of nor-ephedrine.

I also discussed this case with Dr. of Poison control and Dr. Love of the FDA. Dr. Love told me of her agencies concern of the potential relation of the use of ephedrine and complications, including intracerebral bleeds.

Upon review of the case, this has more of the appearance of a young man with a probable berry ancurysm that ruptured during lifting exercise. The location and distribution of the blood suggests that origin, but without an autopsy or more definitive clinical study, that diagnosis simply remains the most likely and logical

Jurisdiction is not asserted in this case, since there is insufficient evidence to support an un-natural death. I left the phone number of the funeral home with Dr. Love, in the event that the FDA wishes to pursue the matter further on their own.